

PART B - FEE(S) TRANSMITTAL

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MAY 02 2008

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McDermott Will & Emery LLP
227 West Monroe Street
Suite 4400
Chicago, IL 60606-5096
05/02/2008 RFEKADUP 00000048 130206 10692270
01 FC:2301 720.00 DA

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Daniel N. Christus	(Depositor's name)
(Signature)	
April 29, 2008	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/692,270	10/23/2003	David J. Kolacz	77153-020	7706

TITLE OF INVENTION: PIVOTING FLUID CONDUIT JOINT AND ONE-WAY BRAKE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$720	\$0	\$720	07/07/2008
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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NGUYEN, DINH Q	3752	239-587200
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Task Force Tips, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Valparaiso, Indiana

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-0206 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date April 29, 2008

Typed or printed name Daniel N. Christus

Registration No. 29,626

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